

To: **CITY OF SCOTTSDALE, CITIZEN & NEIGHBORHOOD RESOURCES**  
**EMERGENCY REPAIR ASSISTANCE PROGRAM**  
**7447 E. INDIAN SCHOOL RD., #300, SCOTTSDALE, AZ 85251**

**APPLICATION FOR EMERGENCY REPAIR ASSISTANCE**

*(Please print clearly or type)*

1. Head of Household Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Address: \_\_\_\_\_ ZIP CODE \_\_\_\_\_
4. Head of Household Social Security #: \_\_\_\_\_
5. Spouse's Social Security #: \_\_\_\_\_
6. Please list the 1) names, 2) relationships and 3) Social Security numbers of any other adults (18 or older) in the household:  

<u>Name</u>	<u>Relationship</u>	<u>Social Security #</u>
_____	_____	_____
_____	_____	_____
7. Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_
8. Total number of persons living in home address listed above: \_\_\_\_\_
9. Approximate combined GROSS income (before taxes) from ALL persons in the home. (specify amount by month or annual total): \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Annually
10. Approximate age of home: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_
11. Are you a City of Scottsdale or Non-Profit Agency employee or relative of an employee? (yes or no; if yes, please name employee, department and date(s) of employment)  
\_\_\_\_\_
12. For manufactured housing/mobile home owners: Do you own the real property on which the manufactured housing or mobile home is located? (yes or no) \_\_\_\_\_
13. Is your home a co-op? (yes or no) \_\_\_\_\_
14. Do you have a business in your home? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, please give the name and nature of the business:  
\_\_\_\_\_

**PLEASE INITIAL AFTER EACH OF THE FOLLOWING - If you cannot certify to each of the following you may not qualify for assistance.**

**A.** I have owned **and** occupied the home listed above for the past year or longer. \_\_\_\_\_ *(initial)*

**B.** I understand the City of Scottsdale may obtain a title report and a credit report to verify qualification. \_\_\_\_\_ *(initial)*

Co-operative Home Owners: I understand that my home is eligible for the Emergency Repair Program, but not for the major Housing Rehabilitation Program.

I certify that all the information provided here in writing, and that which I may state is true. I recognize that false, fictitious or fraudulent statements, or representations to defraud the United States Government of funds voids my application for assistance, and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five years, or both under U.S.C. Title 18, Sec. 1001. I understand that it is the obligation of the City of Scottsdale to prosecute violations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT A BRIEF DESCRIPTION OF YOUR EMERGENCY:**

*Example: air conditioning is broken OR roof is leaking*

**a. Air Conditioning/Heating:** \_\_\_\_\_

**b. Plumbing:** \_\_\_\_\_

**c. Roofing:** \_\_\_\_\_

**d. Electrical:** \_\_\_\_\_

**e. Other:** \_\_\_\_\_

---

*Homeowners: Do not fill in this area*